



HIT Policy Committee Consumer Workgroup Final Transcript January 9, 2015

Presentation

Operator

All lines are bridged.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Thank you. Good morning everyone this is Michelle Consolazio with the Office of the National Coordinator. This is a meeting of the Health IT Policy Committee's Consumer Workgroup. This is a public call and there will be time for public comment at the end of the call. As a reminder, please state your name before speaking as this meeting is being transcribed and recorded. I'll now take roll. Christine Bechtel?

Christine Bechtel, MA – President – Bechtel Health Advisory Group

I'm here.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Hi, Christine. Neil Calman?

Neil S. Calman, MD, ABFP, FAAFP – President & Cofounder –The Institute for Family Health

Here.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Hi, Neil. Amy Berman? Brad Hesse? Clarke Ross? Cynthia Baur?

Cynthia Baur, PhD – Senior Advisor, Health Literacy, Office of Communications – Centers for Disease Control & Prevention

Here.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Hi, Cynthia. Dana Alexander?

Dana Alexander, MA, MSN, NP, BSN – Vice President Integrated Care Delivery & Chief Nursing Officer - Caradigm

Here.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Hi, Dana. Danielle Tarino? Erin Mackay?

Erin Mackay, MPH – Associate Director, Health Information Technology Programs – National Partnership for Women & Families

Here.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Hi, Erin. Ivor Horn?

Ivor Horn, MD, MPH – Medical Director, Center for Health Equity – Seattle Children’s Hospital

I’m here.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Hi, Ivor. Kim Schofield?

Kim J. Schofield – Advocacy Chair – Lupus Foundation of America

I’m here.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Hi, Kim. Leslie Kelly Hall? Luis Belen?

Luis Belen – Chief Executive Officer - National Health IT Collaborative for the Underserved

I’m here.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

MaryAnne...hi, Luis.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

MaryAnne Sterling?

MaryAnne Sterling, CEA – Co-Founder – Connected Health Resources; Principal – Sterling Health IT Consulting, LLC

Here.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Hi, MaryAnne. Nicholas Terry?

Nicolas P. Terry, LLM – Co-Director, Hall Center for Law and Health – Indiana University Robert H. McKinney School of Law

I'm here, good morning.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Good morning. Phil Marshall?

Philip Marshall, MD, MPH – Founder & Chief Product Officer – Conversa Health

Here.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Hi, Phil. Teresa Zayas Caban?

Teresa Zayas Caban, MS, PhD – Chief of Health IT Research – Agency for Healthcare Research and Quality

I'm here, good morning.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Good morning. Theresa Hancock? Tripp Bradd? Wally Patawaran? Wendy Nilsen? Will Rice?

Will Rice, MBI – Director Health Informatics – Walgreens/Take Care Health Systems

Good morning.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Good morning, Will. And from ONC do we have Chitra Mohla?

Chitra Mohla, MS – Director, Workforce Programs Office of Provider Adoption Support (OPAS) – Office of the National Coordinator for Health Information Technology

Here.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Hi, Chitra. And Gretchen Wyatt?

Gretchen Wyatt, MA – Policy Analyst, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

I'm here.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Are there any other ONC staff members on the line?

Matthew Swain, MPH – Program Analyst, Office of Planning, Evaluation and Analysis – Office of the National Coordinator for Health Information Technology

Hi, it's Matt Swain.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Hi, Matt.

Matthew Swain, MPH – Program Analyst, Office of Planning, Evaluation and Analysis – Office of the National Coordinator for Health Information Technology

Hello.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

And with that I will turn it to you Christine. Thanks, everyone.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Great, thanks everybody and good morning. Happy New Year to everyone I hope you guys had a great holiday break. We are back in full swing of things I'll tell you so you guys know that the federal strategic plan draft came out in December and we had talked previously about the fact that we would focus our next two meetings, meaning today and the 20th of January, on providing comments on the strategic plan particularly focusing on the consumer oriented side of the strategic plan and what is it from the perspective of consumers that we think needs to be included in the plan or strengthened in the plan or that we want to acknowledge and apply it being in the plan.

So, we're going to start that work today, we're assuming and hoping that all of you have actually read the strategic plan and we are going to hear from Gretchen Wyatt at ONC who has been a terrific leader in bringing together all the disparate groups to formulate the strategic plan and we're going to hear from her about how it was developed and how it will be used, etcetera.

So, today we're going to do a couple of things, one is we'll be able to ask Gretchen and folks from ONC about any questions that we have. Two, you guys received a template Word document in the e-mail in preparation for this call and I want to take a second to mention to you what that is and how we're going to use it.

Because the strategic plan is pretty wide-ranging and because we know we want to focus on consumer concerns what we did, as we had promised you guys we would do, is we took the discussions that we've had over the last two meetings which have been very broad and wide ranging where we were really focusing on issues that we think are important to address in Health IT policy for consumers.

So, we took that range of issues where there was some consensus and/or themes that were raised and we organized it into a template, which is the Word document I mentioned, and we divided it into the three areas of the Workgroup charge.

So, the areas in gray are directly from our Workgroup charge and then the pieces underneath that in white are the areas where we had raised some priority issues that we knew we wanted to think about and perhaps do some work around but that we really wanted to focus and make sure that we could look for them in the strategic plan and perhaps make some comments around them.

So, ONC and by ONC I mean, Chitra, thank goodness, has gone through and taken a first shot at, at least directing you to some places in the strategic plan where each of those issues might live, it's not to say that they're in there and they're great or they're in there and they're not it's just to say if they're in there this is, you know, a potential place that they might be.

And so what we want to do is we're going to get great background information from Gretchen and have a chance to ask the ONC team some questions. Then we want to really talk about some key questions that we'll pose to you guys at the end including, you know, your comments and concerns that relate to the issues we've been talking about and their presence or absence in the strategic plan things like that.

And then we will use that, both our discussion today and we'll use the template to solicit your feedback on specific aspects of the strategic plan after this meeting. Then we'll take all of those comments that we get from you guys directly and we will craft a comment letter and we will have that ready for you so that we can review and discuss it at our next meeting on the 20th.

So, any questions on that? We're going to...I'm going to turn it over to Gretchen here in a minute, but before I do, any questions about the process before we dive in?

Cynthia Baur, PhD – Senior Advisor, Health Literacy, Office of Communications – Centers for Disease Control & Prevention

Christine, this is Cynthia Baur, I have a question.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Sure.

Cynthia Baur, PhD – Senior Advisor, Health Literacy, Office of Communications – Centers for Disease Control & Prevention

So, you said that the table represents member priorities. So, my question is, I and some others have raised health literacy, clear communication, usability on a number of calls and in written comments. I don't see that explicitly on the chart so does that mean it's not a member priority at this point?

Christine Bechtel, MA – President – Bechtel Health Advisory Group

No, one of the things, one of the first things that we're going to do, and thank you Cynthia, is we will ask you guys for additions that you think are critically important from a consumer point-of-view and, you know, where there are some member consensus around that so that if we did miss anything, and it sounds like we did, and, you know, apologies for that, then we can add those components and I think health literacy, usability I think we've also actually talked about language access and I'm not sure we've reflected that strongly in the template, so after we hear from Gretchen I think the first thing we want to do is just double check that there are things...whether there are things missing that we need to add from the template and, you know, it's also fair game to say, I don't agree with this and if there is, you know, a lot of folks who don't agree than we can take it off the template.

We're not going to be limited in our comments to what is in the template. We just needed a way to really organize thinking around this. So, to the extent that folks want to use the space at the end to raise other issues or comments you can absolutely do that.

Cynthia Baur, PhD – Senior Advisor, Health Literacy, Office of Communications – Centers for Disease Control & Prevention

Okay, thanks for clarifying.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Yeah, no, it's a great question and I'm glad to clarify. Any other questions? All right, great, well, I'm going to hand it over then to Gretchen who is going to give us some background. She knows that we're assuming everybody has read the plan but there is some really important background that she has on how this was developed and how it will be used that she is going to take us through. So, take it away Gretchen.

Gretchen Wyatt, MA – Policy Analyst, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

Thank you so much Christine and thank you so much to all the members of the Consumer Workgroup for providing some feedback for us to revisit the plan and make sure that it is as tight and succinct and really says what it is that we will be doing and gives a clear message to the public about the federal activities.

First I'd like to remind everybody that, you know, obviously when you see the title this is a federal plan unlike some of the other activities that ONC and the federal agencies that we partnered with have with their communications this really is what the federal government will be doing to help establish and advance a Health IT infrastructure to achieve national health goals however those might be defined.

So, as you think about your comments and things remember that it's what the federal government can and should be doing within this space. It's not...we wish to collaborate with everybody across the spectrum. This really is a signal of what we will be doing as far as our programs, policies and other federal levers to help establish this infrastructure. So, that said, let's get started with the next slide.

And just give everybody a real quick reminder that the reason that we're doing this is sort of twofold. First off and most importantly is because of part of the era and it's HITECH Act we are mandated to update and republish the federal Health IT strategic plan periodically and that we need to do so in consultation with both the public and the private sector and we are looking at the public sector through the FACAs and through other stakeholder engagement.

So, we have had a series of presentations to the public to start the process of getting feedback and the public comment period itself, 60 day period, to comment on healthit.gov by February 6th. So, we will compile all the information that we receive from the Consumer Workgroup and other members of the FACAs into a huge information resource moving forward.

The other reason why we're doing this of course, and if we could sort of move into the second slide, is to...the next slide if we could, is thinking about this as what the environment is, things have definitely changed since the HITECH Act both for good and for things that we thought would happen that really haven't.

So, we took a really hard look at the existing plan and what the marketplace was doing and started thinking, you know, by 2020 where do we want to be. So, we looked at various other strategic plans including quality, strategy, the safety, patient safety plan, lots of different ones, the person at the center white paper that was put out, different things that were happening across the spectrum with our federal partners and said “by 2020 where do we think we need to be?”

We brought together multiple federal agencies both within HHS and outside of HHS anyone who touched Health IT either as a payer, as a regulator or as an alternative provider of health and human services. So, groups that hadn't been involved in the past who were more in the public space or, you know, various...things like NASA because they provide EHRs to their staff they came on board to start thinking where we needed to be looking for better health across the spectrum.

So, that's kind of, you know, where we started with all of this revisiting everything. Now, we're at the place of fine tuning and making sure that we will be able to implement the plan. So, broadly that sort of gives you an idea of, you know, who we were working with and of course with each of these federal partners all of their stakeholders, the federal partners were able to bring their stakeholder's concerns to the table to try and make sure that we focused on things that really mattered to the public.

A lot of the things that you folks have on your priorities are definitely priorities of everybody within the spectrum that we spoke with and if you look in the strategic plan at our principles that's one thing that the Strategy and Innovation Workgroup is very concerned about, making sure that the plan carries those principles through not just in the writing and the voicing of the plan but in its actual implementation that we keep all of those things under consideration. And we've received some feedback already from those folks that we need to do some work on that.

So, if we can go into the next slide, this sort of just gives you an idea of all the folks that were involved and you can see it was quite a spectrum of individuals.

So, if we can move to slide four, please? Right here, you see basically what it is that we're trying to accomplish. Within the plan we're trying to signal that it's not just healthcare that's engaged here that we're trying to use Health IT and we define that very broadly and try to make sure that we leave a space open for innovation that will occur so that we're looking not just at EHRs to improve health but any type of electronic tool, digitized tool, cloud anything like that that can help advance health.

We are also looking, as you can see here, because this is a federal plan, how can we work together within federal government to help both alleviate burdens for providers and for consumers so that they can access their information more readily and more specifically for providers trying to make sure that, you know, the different things that they have to report as far as performance or anything along those lines is coordinated a little bit better so that there is a greater appetite to use all of these tools more effectively.

Also, you know, and this is also important, I want to emphasize that this isn't just a paper exercise to say, in a fantasy land this is what we'd like to do we actually want to use this as an operational tool to help coordinate our activities better and that really runs the spectrum not just from, you know, what type of guidance are we all putting out but actually getting down to staff level and budgets making sure that people are accountable.

Within the plan you don't see any of those performance metrics, the reason for that is that we wanted to get the feedback from the public, are we on the right, you know, the right track on certain areas before we started doing the heavy lift of identifying how we were going to hold ourselves accountable. So, next slide, please.

Again, this is just sort of like our organizational framework as far as where we were going with the plan. We were thinking first you needed to make sure that you collected the information from various sources and various individuals collecting information. Then that's more like just the technical infrastructure part. The same with data sharing, you know, how are we going to get this information where it needs to go so that people can make decisions on their health or their healthcare and also so that researchers could use this information to identify how best to both use the systems and use the information so that is goal one and goal two of the plan.

Goal three and four, and five the use part of it is really where we think the rubber hits the road, you know, obviously setting up an infrastructure is a very important thing in making sure that you have the right standards, the right payment mechanisms, these sort of things that's all very important, but the really most important part is what do you do with the information and that's where we're looking at strengthening healthcare delivery making sure that the individuals and communities can use this information to make good decisions and also report back on what's going on, and then innovation and science that's really goal five. So, a lot of those things we know.

There is sequencing that needs to occur to allow other things to happen and we are looking for prioritization and guidance on where we should be focusing our efforts. There is work that definitely needs to occur across all of these areas, however, if there are things that rise to the top that we should be focusing on first having some guidance on that is exactly what we're looking for.

Really quickly moving to the rest of these, six just sort of helps you...as we're making decisions we want to make sure that information is available to whoever needs it, you know, appropriately so that we can improve and protect people's health and well-being, and that, you know, using the triple aim as our framework and our mission.

Slide number seven, this is the priority...

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Gretchen, I'm sorry, can I interrupt real quickly?

Gretchen Wyatt, MA – Policy Analyst, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

Sure.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

We're getting a little bit of feedback so I'm not sure...if everyone can just mute their line it would be appreciated. Sorry about that.

Gretchen Wyatt, MA – Policy Analyst, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

No, thank you, I'm sorry about that too. There is probably a little bit going on in our office here as well. These are just the principles and as I said, these are what we will be using not only for refining the plan itself in the language before it's finalized, but as we start implementing. These are sort of the lens for which all the decision making that we'll be making will be centered.

So, if you look at these things, and as I said the Strategy and Innovation Workgroup wants to make sure that these are as solid as possible, just know that this is what we're using as our lens for the rest of the plan. So, next slide.

What we established within the plan is based on the work that we knew that the federal partners were doing and what they needed to be engaged in we set what we thought would be reasonable three and six year outcomes, what we would like to see the...within each goal and then from those we identified various strategies to help achieve those outcomes and you'll notice that the outcomes are...some of them are a little bit more fine-tuned because we do know definitely what we will need to do in some of those areas and some of them are a little bit broader because we have to play a little bit with the different programs and policies to make sure that we are identifying the right things to get us where we need to go.

So, we'll have some quantitative metrics that we'll be selecting for these things and also just regular milestone reporting. So, more on the qualitative side, it's going to be a mix of all of those and the idea being let's really hold ourselves accountable and whatever you're using internally to measure progress that's what we want to report both publically and within our collaborative efforts as well.

And within those outcomes boxes you'll see we've pre-identified each...we asked each agency to say, what are you doing in this arena and if it's something that rises to the level that you want to be held accountable for we are going to hold your feet to the fire. So, that's where you see all the alphabet soup in each of those outcome areas.

What we'll be doing in the future is identifying who is the lead, who is doing the most lift on each of those areas and they will help do basically a strategic review, where are we and do risk assessments on that. So, that sort of gives you a guideline as you look through the plan why it's set up the way that it is.

So, as I said, you know, the next slide, getting into the implementation part of it, later on this winter we will be meeting with our Federal Health IT Advisory Council, that's the alphabet soup of all the 35 different departments and agencies, to identify which of their activities, whether it's a program, a grant, a research stream, anything that they're doing that are going to be meeting those outcomes and working to prioritize which are the ones that are most important both for reporting and for monitoring and doing various risk analyses on, and communicating to the public that these are our priorities.

We'll also be identifying measurement to hold ourselves accountable and, as I said, we will be reporting annually, we're identifying the correct process for doing so but we want this to be as transparent as we possibly can. Obviously, knowing that this is the federal government getting into the weeds there are various different things that we will be reporting.

This will be...we're trying to do a snapshot and guide people whether it's through the web or through other resources to other activities that are happening. As I said when we were developing the plan we were looking at various programs and existing strategies such as the quality strategy, the prevention strategy, Healthy People 2020 and what we'll be doing is sending people for more detail to the reporting activities that are happening on those strategies as well. So, think of the strategic plan more as a collection or an umbrella for an awful lot of activity.

We're also, you know, when we're talking about payment mechanisms we're saying that we will be doing an awful lot of coordination and keep watching the various fee schedules and other activities to see the detail of how we're going to be doing some of that. I think a perfect example of that if anybody has looked through this year's physician fee schedule doing a little bit more of the chronic care management that's an example of the coordination activities that are happening.

So, again, we'll be doing risk assessments to make sure that what we say we think our work is going to accomplish actually is doing that and doing some tweaking and this is where getting guidance from you folks is so important. Are we on the right track? Is this what we should be focusing on? Are these the right programs? Is there work that needs to be done, you know, sequentially to get set for some things that you'd like to see done down the road?

And that's why the budget activity is so important. We, you know, if we're getting feedback that we need to do something different we can start looking at our current allocations of resources and say we need to start shifting gears. It's, as everyone knows, this is the federal carrier that we need to get started early and start moving things along and that's why the three year goals are so important for us not to say that the six years aren't, but the three year we need to make sure that we're on target there so that we can accomplish the six year things.

And again, we'll be coming back to the FACAs and working with our advisory council to make sure that this really is accomplishing what we would like it to getting feedback from the public, where are areas that, you know, it would be more appropriate for the private sector to engage than the public sector and taking that information back.

So, that sort of gives you a real general idea. We can go into the next steps. As I said, please...next slide, please, I'm onto slide 10. Unfortunately, I miswrote this it's actually the 6th of February that the public comment period ends, which I believe is a Friday. So, we will take comments through healthit.gov up through the 6th.

And then we'll be taking all this information that we receive from you folks from the rest of the Policy Committee and from the public and producing a final Health IT strategic plan that we expect to put out in spring of this year. Depending on the types of comments that we receive and the level of effort to make sure that this plan is rock solid it might take us a little bit longer and then getting it through for commitments with our various partners. So, that's why we're being a little bit nebulous as far as the date goes.

So, as Christine was saying at the very beginning, we're looking from feedback from you folks on an excruciatingly tight timeframe. Obviously, by the 20th, that's only a couple of weeks away, we will need to include that information along with work that we're getting from the Strategy and Innovation Workgroup and bring it to the Policy Committee for their initial review of the plan on the February 10th meeting date. So, in order to do all the back office getting everything together that's why this is such an expedited process for you folks.

So, basically we are going to have all of the recommendations from the Policy Committee solidified and back to ONC in March so that we can finalize that plan and also so that there can be a work plan for the full Policy Committee on the various gaps that we have identified in the strategic plan and areas where we might need to beef things up a little bit.

So, that said, I'm going to pass it back to Christine so that you folks can get started, just, you know, the only last thing is reminding folks that we will be meeting with the advisory council later this winter, probably in March, to report back what the FACAs have said and what the public comment period has provided as far as themes and we'll share those themes with you folks as well and then get started on the implementation.

And when we say "get started" it's not just here's a rock solid plan this is what we're going to do, we will continually revise this on a quarterly basis both the plan itself and the implementation. So, don't expect that your work is done. We will be taking the recommendations that you have from your priority areas and revisiting the plan and our progress to make sure that we're on target.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Great, thank you, Gretchen, that was a lot, that's awesome, it's a lot of work that you guys have done, so we appreciate it. Questions for Gretchen?

Nicolas P. Terry, LLM – Co-Director, Hall Center for Law and Health – Indiana University Robert H. McKinney School of Law

Christine, this is Nick Terry.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Hi, Nick.

Nicolas P. Terry, LLM – Co-Director, Hall Center for Law and Health – Indiana University Robert H. McKinney School of Law

How are you?

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Great.

Nicolas P. Terry, LLM – Co-Director, Hall Center for Law and Health – Indiana University Robert H. McKinney School of Law

Gretchen, this may sound like a really dumb question, but what is your definition or the report's definition of health information technology?

Gretchen Wyatt, MA – Policy Analyst, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

Well, that's not a dumb question at all. When we were looking at health information technology, originally when we started we started bucketing different things like "what would we put in there." Obviously, it's EHRs but it's also mobile health tools whether they're applications or APIs, whether it's, you know, cloud-based resources, clinical decision support tools, whether it's, you know, even just like text messaging, anything...and, you know, it could be all the different vehicles what one finds both in a hospital or in a consumer's home, whether that's, you know, like assisted devices that would send a message to someone anything that could fall within the rubric of an information gathering source or reporting source. That's what we were looking at as "Health IT."

And what while I said at the beginning we wanted not to define that, we wanted to say, anything that did that activity we would be looking at as a resource to help advance health. So, we didn't want to be really specific knowing that because of innovations that were under way there would be a lot of stuff that we don't know about now but do we have the structure in place to be able to incorporate the information that's gathered from those.

Nicolas P. Terry, LLM – Co-Director, Hall Center for Law and Health – Indiana University Robert H. McKinney School of Law

Thank you, the reason I ask is, I mean, we could have a three hour conversation on this and it's kind of like chili, right, everyone has their own recipe, but I think for many people in this space health information technology is a relatively narrow conception that talks primarily about sort of traditional conventional hospital IT from CPOE to CDS, to EHR and doesn't, for most of us, encompass the broader sense of sort of growing digital health, mobile health, consumer-driven, consumer-facing mobile. I won't go on, but just a note for you.

Gretchen Wyatt, MA – Policy Analyst, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

Thank you very much. I tell you Dr. Terry we recognize that and one of the beauties of working with the Consumer Group is through the person at the center work that I know a lot of folks have been engaged in, we recognize that this is the one area that we need to pay as much attention to as possible.

There are some really cool things out there that I continually hear about and we need to make sure that we take those into consideration both in our policy development and in the infrastructure area.

So, and just shining a light on it so that people remember that there is a whole lot more out there than just those legacy systems which are not necessarily the most ideal systems by any stretch of the imagination.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Thanks, both Gretchen and Nick, those are really good questions and, you know, I seem to recall vaguely that some number of years ago ONC did work to publish a glossary that had a definition of Health IT. I don't know that this actually is being, you know, lived by or I could be completely not remembering correctly, but it's interesting that under Health IT basics on healthit.gov it's all about EHRs and then there is a piece on information exchange, right?

So, I think Nick your point is good for us to think about as a consumer oriented group which is how consumers experience Health IT isn't limited to EHRs and we need to think broadly about that. So, that's great. Other questions for Gretchen?

Cynthia Baur, PhD – Senior Advisor, Health Literacy, Office of Communications – Centers for Disease Control & Prevention

This is Cynthia Baur, I just wanted to follow-up on that comment. So, actually I was a little bit heartened by the second paragraph under the overview because I thought ONC did signal that they were talking about something other than EHRs and hospital-based systems so it may be that this paragraph can just have a little bit of elaboration of what Gretchen just provided that they're talking about things, the use of technology in many different places and I think that this at least begins to address some of those comments.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Great, that's a good catch Cynthia, thanks.

Luis Belen – Chief Executive Officer – National Health IT Collaborative for the Underserved

This is Luis Belen.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Hi, Luis.

Luis Belen – Chief Executive Officer – National Health IT Collaborative for the Underserved

Hi, along the same lines with all that is expected to happen over the next couple of years in both telemedicine and other remote monitoring technologies with telemedicine I would think that we would try to focus a little bit more and make sure that telemedicine should play a larger role in the plan and perhaps that's during the comment time period that we can get more comments on that, but I would like to see telemedicine and remote monitoring play a larger role in the plan. And I think that that's more of an observation but that also goes along the same lines with the new technologies that are being developed.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

So, Luis, I think that's a great point. What I'd like to ask folks to do is that when you have the template that we're going to...you know, we sort of used to organize our thinking, add some areas and tell us what parts of the strategic plan, you know, you would comment on and why.

I think as you guys think about your comment areas think about number one, what is it specifically that is important for consumers in those areas and so I think Luis, for example on the last call, we kind of talked about digital divides and the importance of telemedicine in that and, you know, some broadband work.

So, the more specific you can be the better, it makes it easier for ONC to do their job. For us we need to continue our focus on consumers and also to think about, as Gretchen mentioned, what's the role of government here or is this something that should be done by the private market?

So, what we want to do is make sure that our comments are not globally focused on what should happen in general but specifically focused on "what can the federal government do to improve the experience and implementation, and outcomes supported by Health IT for consumers?" If that makes sense...

Neil S. Calman, MD, ABFP, FAAFP – President & Co-founder –The Institute for Family Health

And this is Neil, just to make the comment that sometimes that means just staying out of the way.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Right, right so that's fair game. So, you know, so Luis I think your comment is right on and help us in the template to say "what is it about telemedicine and remote monitoring that we need the government to do" you know and how it relates to consumers.

Erin Mackay, MPH – Associate Director, Health Information Technology Programs – National Partnership for Women & Families

Hey, Christine, this is Erin.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Hi, Erin.

Erin Mackay, MPH – Associate Director, Health Information Technology Programs – National Partnership for Women & Families

I have a question on the strategic plan principles. To your point that you just made about improving health outcomes, you know, which is obviously a focus of health transformation efforts and a big part of the triple aim and something that can't be accomplished without working with patients and I've noticed that there isn't really a principle that seems to capture the idea or the potential of Health IT to engage and empower consumers, you know, in my opinion, the respect individual preferences, that can be done really without, well, I mean, you have to capture individual preferences, but I'm just wondering whether it's appropriate, and I know Gretchen mentioned that the Strategy and Innovation Workgroup had some thoughts on these principles, but I just wanted to raise in the Consumer Workgroup whether it's something we want to discuss, if there is room to do so, to either add or modify a principle that really lifts up the role that Health IT can play in like I say engaging and empowering consumers.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Yes, I think that's a great comment and I had a similar sort of...I was looking at the, respect individual preferences, and thinking "gee that's too limited."

Erin Mackay, MPH – Associate Director, Health Information Technology Programs – National Partnership for Women & Families

Yes.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

And if we think about our three kinds of areas of our Workgroup charge then I think you're right on that. Anybody have comments or thoughts on that, including you Gretchen?

Gretchen Wyatt, MA – Policy Analyst, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

You just nailed something that we got our heads handed to yesterday on the Strategy and Innovation Workgroup that this bullet was too small. I would like everybody to know that within the council discussions and the drafting of all of this every single agency said that we have to keep the individual, and, you know, we went back and forth do we define them as a person, as people, as consumers and we finally just decided, you know, individual or person was the way to go as like the nadir of every decision made.

So, while we didn't write that principle very well, definitely everything that we did within the plan was thinking from the individual's perspective. So, it wasn't like what can...we wanted to get out of that whole patriarchal, hierarchical thought process. If it was going to be any type of a hierarchy it would be based on the individual.

Erin Mackay, MPH – Associate Director, Health Information Technology Programs – National Partnership for Women & Families

And Gretchen, this is Erin, that point definitely comes through in the rest of the plan I just feel like since so much is related to these principles and it's the lens for the rest of the plan it should probably...it might be worth modifying that bullet.

Gretchen Wyatt, MA – Policy Analyst, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

Erin, you're absolutely right and that's why the Strategy and Innovation Workgroup was talking about that and I think definitely we want to make sure that there is no dichotomy between any of these things. So, if you've got some language that you'd like for us to work on definitely want to make that we've got this...so that it's easily understood by the public.

Erin Mackay, MPH – Associate Director, Health Information Technology Programs – National Partnership for Women & Families

Yeah, okay, great, we'll work on that, thank you.

Amy Berman, RN – Senior Program Officer – The John A. Hartford Foundation

Christine?

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Yes?

Amy Berman, RN – Senior Program Officer – The John A. Hartford Foundation

This is Amy Berman from the Hartford Foundation.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Hi, Amy.

Amy Berman, RN – Senior Program Officer – The John A. Hartford Foundation

Hi. One of the other areas that may be perhaps a little bit too narrow in the way that it's written, I'm looking at the member priorities mapped to Workgroup charge, access to health information through mobile devices, mHealth, and, you know, that access to health information maybe a broader set of issues, it may be bigger than just an mHealth solution, you know, and the development of Apps, but even the ability, you know, telehealth that may involve a family caregiver and the use of a traditional telephone landline, I think that probably should be broadened because there are much larger implications for that strong use of health information that passes to the consumer, the patient, the family, the support system.

And the other thing, you know, I was just reflecting on Neil Calman's work and the ability to, you know, have an ACO identify for example the people that it's caring for. I don't see anything reflected here that would suggest any move to have the individual, the patient, the family understand who is supposed to be caring for them. So, the reverse of that, you know, another way to build the incentives of people, you know, using the right care at the right time and the right way is for them to actually know who is responsible, who is accountable for their provision of care.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

And Amy can you speak to the Health IT role there that you are thinking about?

Amy Berman, RN – Senior Program Officer – The John A. Hartford Foundation

Well, whether there is some way for them to be able to look through a portal and see who their team members are. So, for example, if they are in an accountable care organization for them to understand who they should be going to for primary care. So often they've never gone for primary care, they, you know, they may not understand where they go.

So, in the design of that portal, you know, we're doing a lot nationally to try to figure out, you know, which providers are supposed to be responsible for which populations but I don't see any consumer focused aspect to this that feeds in. Maybe it would, but, you know, portals...it all depends upon what you build the portal to do.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Yeah, so I think, so that raises a question that I have that I wanted to ask Gretchen just to make sure I'm not missing it, I think what Amy is raising is a potential functionality that is more consumer than providers facing and as I read through the strategic plan one of the things I noticed is that the certification program, as it's laid out in the plan, seems mostly focused on interoperability functionality, but we've talked and as for example as we...back when the Meaningful Use Workgroup was the Meaningful Use Workgroup and Leslie Kelly Hall will remember, Leslie and I did a lot of work with a number of other folks from the Workgroup, I think Neil was on that as well, where we thought about functions that, you know, really would mean something to consumers like connecting them to clinical trials, which would make that easier for the doctor using their EHR to connect to clinicaltrials.gov and, you know, potentially help them not only identify but perhaps qualify or enroll, things like that which are farther out in the future that the market is not doing a good job meeting at all, for all the reasons we know.

But, I don't really see a broad strategic focus on the certification program as a lever for creating a range of functionalities in the market that the market has yet to do very well. Is there a reason for that? Did I miss that or is that something that we should comment on?

Gretchen Wyatt, MA – Policy Analyst, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

I would say, comment on it, you know, I have not really taken a close look at some of the certification things that are, you know, downstream and I apologize for that, I just have sort of lost track of what's going on over there. I guess it's like competing priorities.

But this is one of those things that I definitely think we should flag. I will say that, you know, with some of the other guidance that is out there and the annual updates that are happening with the certification program that's where I, you know, I'm not sure what's in play for, you know, 2016 and 2017 I just haven't had those conversations.

I think that it needs to be continually reminded for our team that these are things, you know, functionalities that need to occur and just like you said we're thinking of it, you know, on a broad stream to make sure that individuals can actually participate in a clinical trial or, you know, if they choose to, to donate their information for research through another vehicle, but, you know, reminding us which are the levers that you think would help accomplish that goal is exactly the type of information that we would like to see.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Okay, thanks, so I just want to make sure that...I think this would be a major comment for the Workgroup so I want to check with you guys before we, you know, just decide that, but it would seem to cover a fair number of the priority areas that we've talked about previously, so, you know, care plans for example, you know, which is a more robust bidirectional planning process that the market has not done well with yet, you know, that might be another function that would be important.

Portal usability and design I think back to Amy's comment is another, you know, so how we really think about look the certification program should be a lever not just for promoting interoperability that's important and essential but it should be also a lever for creating some of these functions in Health IT that may or may not be limited just to EHR where the market hasn't done so because of the payment system or, you know, all the reasons that we know. Is anybody in disagreement or want to comment on that? Okay, good, I'm going to take that as agreement.

Okay, other questions or comments for Gretchen and then I want to ask us, while we're asking for that, if the folks at Altarum could move us to the next slide.

Wally Patawaran, MPH – Program Officer – The John A. Hartford Foundation

Hi, this is...

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Keep going, one more.

Wally Patawaran, MPH – Program Officer – The John A. Hartford Foundation

Hi, this is Wally Patawaran also from the Johnny Hartford Foundation.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Hi, Wally.

Wally Patawaran, MPH – Program Officer – The John A. Hartford Foundation

Hi. So, really for the entire group I think one of the things that could be a barrier to use, and this is sort of I think in implicit in slide number five, is training for consumers, training and education for consumers on the one hand and training and workforce development for providers.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Got it and training and workforce development for providers, I mean, I think there is a general issue there but I also wonder if part of what you're referencing is the need for training and workforce development in how we use Health IT for patient and family engagement or how in other words we use Health IT to meet the three areas of our Workgroup charge which is about how we help consumers engage in their own health and care, how we support the consumer and provider partnership and how we partner with consumers to shape how we're developing the system. So, is that...

Wally Patawaran, MPH – Program Officer – The John A. Hartford Foundation

Precisely, precisely it's all those users.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Okay, okay, great, great comment.

Nicolas P. Terry, LLM – Co-Director, Hall Center for Law and Health – Indiana University Robert H. McKinney School of Law

Christine it's Nick Terry again, may I make a couple of general points if we have time?

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Yes, absolutely.

Nicolas P. Terry, LLM – Co-Director, Hall Center for Law and Health – Indiana University Robert H. McKinney School of Law

And I guess, Gretchen, again I found the collect, share, use approach difficult. Rather than illuminating the report I found it confused me as to whether those were sort of upper level goals that weren't fully articulated.

The second problem I kind of have with that is that, going along with some of the comments my colleagues have made over the last couple of minutes, I think the meme collect, share, use is all about providers and very little about consumers.

Now there is plenty in the report about how consumer patients can participate but the actual meme of collect, share use sounds like a provider meme it doesn't sound like something that consumers could relate to.

Gretchen Wyatt, MA – Policy Analyst, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

Well that's...

Neil S. Calman, MD, ABFP, FAAFP – President & Co-founder – The Institute for Family Health

This is Neil, I think that's an excellent comment because I read that about six times trying to say how does that fit into the overall goals and it seems to be incongruent with the rest of the way the report is organized.

Gretchen Wyatt, MA – Policy Analyst, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

Neil and Christine, and also Dr. Terry, if I could flip that on its head and give you a scenario and see if that might help a little bit. You know we have...the first time that we used that phrase with the Strategy and Innovation Workgroup they brought up some concerns as far as like, you know, who is doing this collecting and what all this is and the way that I answered it to them is think of your, you know, you're an individual who has, you know, a parent let's say who is, you know, not in your area but you need to try to get some information about, you know, are they okay, are they eating, are they taking their medication. So, you know, you would use some type of a technological tool to monitor, you know, have they taken their pills. So, you're collecting information as an individual and you might want to share that information both with that parent's provider, with a sibling, with maybe, you know, an adult daycare center or something like that.

So, that the community and, you know, your family could use that information to both build better resources within that community, the provider can use it in a dashboard and say, hey, maybe we might want to do some tests to see if there is any dementia going on or something like that. So, we were looking at it from various different sources.

And, you know, collecting information are these systems usable, you know, using human factors. So, you would want to collect information in that way, share it with other researchers who might be looking at different aspects so that you can use it to develop better scientific tools and share it with vendors to create better digitized tools themselves. So, that's how we were looking within the phrase it wasn't just a provider area.

But, we, you know, again, you know, the beauty of all of this is all in how you actually explain it and if it doesn't make any sense we're not wed to it, it's just again, it was a framework for how we thought that the healthcare system would be and health system itself would be working.

Neil S. Calman, MD, ABFP, FAAFP – President & Cofounder –The Institute for Family Health

It just doesn't put the person at the center, it's about data, you know, it's not about the person. I think that's what sort of misses the big picture objective, you know, it's kind of about the data that you collect it, you share it and you use it but it's not really about the person at the center kind of...you know, it doesn't give you that feel that it's about people and improving healthcare.

Gretchen Wyatt, MA – Policy Analyst, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

That makes good sense.

Neil S. Calman, MD, ABFP, FAAFP – President & Cofounder –The Institute for Family Health

It almost...those arrows almost look like they're like wires and we're just sending things and, you know, collecting things and whatever, but I think it loses the real meaning of the entire plan which is around the improvement of healthcare and that, you know, that would make more sense to see that on the front page you know?

Gretchen Wyatt, MA – Policy Analyst, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

Yeah, I do and that makes good sense because, you know, while we were thinking of this as, you know, how do we make the information get where it needs to go, hearing the message that, you know, that's a very, I guess...let's see how's the best way...sterile way of looking at it instead of looking at it from, you know, the human and how this actually is going to work.

Kim J. Schofield – Advocacy Chair – Lupus Foundation of America

And this is...

Philip Marshall, MD, MPH – Founder & Chief Product Officer – Conversa Health

Yeah, this is Philip Marshall with Conversa, I would just maybe provide a couple of suggestions there, I didn't have as much problem with the collect, share and use from a patient centric stand-point as perhaps others did, but a couple of words that might also be helpful and are more patient centric is patients manage their health and they improve their health and so manage and improve could be two words that might be helpful. Also, just a tiny little nit, it sure seems like your blue circle could be an arrow as well.

Gretchen Wyatt, MA – Policy Analyst, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

I'll take that nit.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Other comments from folks on...I think this is, you know, right up our alley and that, you know, pointing to...even with ONC's website that is for patients it is about managing your health and your care, it is about your relationship to your care team and your care team's relationship to each other, so it is far more person centered in that viewpoint. Other thoughts or reactions to this?

Kim J. Schofield – Advocacy Chair – Lupus Foundation of America

Well, this is Kim from the Lupus Foundation and I did share the disconnect and it wasn't really standing out or resonating with me. But I also can say that I would be able to buy into the manage and the care, the new wording that's out there, so thank you for raising that point, but I was just trying to wait until I got my turn to ease in, but it just really didn't stand out from a patient perspective. It really was not meeting the need of the audience that we were trying to serve.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Right.

Cynthia Baur, PhD – Senior Advisor, Health Literacy, Office of Communications – Centers for Disease Control & Prevention

This is...

Dana Alexander, MA, MSN, NP, BSN – Vice President Integrated Care Delivery & Chief Nursing Officer – Caradigm

Yeah, hi, this is Dana Alexander and as I look at this graphic that is on the first page of the strategic plan maybe it's a consideration of a different graphic that gives a little bit more of a global view of really...a graphic view of an ecosystem with the person in the center and then, you know, incorporating these concepts of collect, share, use and I like the manage and improve as well, it could be viewed I think in a more holistic way, it's almost like this graphic kind of sets the tone mentally that it's a little bit more limiting in appearance.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Thanks, Dana. Someone else was also trying to speak?

Cynthia Baur, PhD – Senior Advisor, Health Literacy, Office of Communications – Centers for Disease Control & Prevention

Yeah, this is Cynthia Baur, I mean, I agree with all the comments about there is actually I think an alignment between the front graphic, the graphic on page five and then the regular use of this notion of person centered care. I think there is...I agree with everyone there is not really an alignment among those three.

But, I did want to observe that in the graphic on page five, under share, that's probably a sort of more realistic view even though I philosophically and personally would embrace a person centered care, person at the center approach, I think the way that it's outlined under, on page five, under share is probably sort of a more realistic and transitional way of kind of viewing the relationships at this point. So, I just wanted to make that observation.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Thank you.

Nicolas P. Terry, LL.M. – Co-Director, Hall Center for Law and Health – Indiana University Robert H. McKinney School of Law

Christine, this is Nick again, if I...I have one more very general point, if I may?

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Sure.

Nicolas P. Terry, LL.M. – Co-Director, Hall Center for Law and Health – Indiana University Robert H. McKinney School of Law

And I have a suspicion this will not come back to this Workgroup, but I've found that overall the report was not connected particularly well to general principles or language of health policy. So, it uses language such as strengthening healthcare delivery and things like that which actually don't...I have difficulty relating to.

So, for me it would be helpful if the report was better calibrated to sort of some of the traditional health policy language such as access, quality, cost or for example Don Berwick's triple aim, you know, the experience of care, improve health and populations, reducing per capita cost stuff like that. So, this is a very general point but I found it difficult to sort of relate this to other discussions we all have the whole time about health policy.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Thanks Nick.

MaryAnne Sterling, CEA – Co-Founder – Connected Health Resources; Principal – Sterling Health IT Consulting, LLC

Christine, this is MaryAnne Sterling.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Hi, MaryAnne.

MaryAnne Sterling, CEA – Co-Founder – Connected Health Resources; Principal – Sterling Health IT Consulting, LLC

Good morning, I will take what Cynthia Baur said go out further on the limb and even say that perhaps from an organizational perspective for this document perhaps it would be easier to consume by everybody if it was organized in three buckets individual, provider and community with the goals and objectives for individuals in the individual section, providers in the provider section, community in the community section, you know, rather than trying to connect dots in some of the perhaps non-traditional ways that they're connected within the document now. And that's not to be critical at all but again, I'm just thinking of ease of consumption by everybody including consumers.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

That's interesting because it would speak right to the "what's in it for me" and I think you would probably see it would definitely clarify where ONC's vision thinking is with respect to consumers and family caregivers because I think that one of the struggles that I had as I read it was trying to interpret, well how much of this is applicable to consumers and is the focus here on, you know, people or is it on vendors or technology, or doctors, or hospitals, you know, things like that. So, that would certainly I think highlight that. Gretchen I don't know if you have a reaction to that or not?

Gretchen Wyatt, MA – Policy Analyst, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

Well, it's...let me back up, when we first got started on the plan we had basically three goals and it sort of aligned with what you're talking about here and then when, you know, within the mud of collaborating with lots of folks we said "well, what about "x" what about "y" what about "z"" and we got into the five different areas.

So, you know, as far as that type of simplistic really clear, very logical way of looking at things with the nature of all of this it did kind of evolve from that into I guess a little bit more nuanced way of looking at things and we've spent an awful lot of time trying to make sure that, you know, with the strategies putting them in certain areas within the structure to try to make it make sense that we were focusing on, you know, what the providers would do as far as reaching out to consumers within the third goal instead of putting it in third and fourth, and fifth. But, again, getting some guidance on, you know, does that resonant with folks is very useful for us as we revisit this plan and try to finalize it.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Okay. Other thoughts or questions?

Philip Marshall, MD, MPH – Founder & Chief Product Officer – Conversa Health

One of the things, this is Phil Marshall, one of the things that came to mind as you were talking about the three buckets, individual, provider and community is that one thing I worry about there is that it silos activity as opposed to reinforcing what we were talking about a moment ago and that is the relationships and bolstering the bridging really between those stakeholders.

You know and I think to Nick's point a moment ago tying this back to broader themes is good because if you look at the healthcare system and the drive towards value-based care that's deriving the need for Health IT to support more collaborative and continuous kinds of activities and those are really relationship-based.

So, anyway just wanted to kind of add that as that sort of what was queued up in my mind when I heard all of that and I'm wondering how we can really kind of speak to a transition towards collaborative and continuous healthcare with the support of Health IT.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

That's a great comment Phil. It's taking me, this is Christine again, to thinking about that perhaps we...I want to check in with you guys, I'm not sure if we need to revise our template that we sent out or not, but we are getting some really good comments from you guys on the overview, the principles and the goals so that's great and if you feel like there are more comments or thoughts that you either have now or may have we can revise the template to include some, just some boxes so that you guys can comment on those areas and then we'll get into more of the detail in terms of specific comments you may have in the areas that we've spoken about previously, some of the areas we've raised on the call that are new that you can add to the template as well.

Would it be helpful to have a new one or do you guys just want to dive in and over the next week or so use the Word document you have and just, you know, edit it however you want? Anybody have a thought on that?

Neil S. Calman, MD, ABFP, FAAFP – President & Cofounder –The Institute for Family Health

Well, Christine from what I...this is Neil, from what I've heard I think we need sort of a general comments and overview that may not be specific to these individual issues that are on our template.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Right.

Neil S. Calman, MD, ABFP, FAAFP – President & Cofounder –The Institute for Family Health

But, I think that we need to make sure that we have time today to add anything to the template that we need to add because that's going to become the basis on which, you know, folks are going to be able to comment.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Okay and I agree with that so that's a perfect segue. You guys heard me earlier asking Altarum to put slide 12 up and you can flip over to that now. So, let's talk a little bit about the template that we sent out and we can certainly revise it as we just discussed, but I heard Cynthia earlier raising some issues that aren't on here around, sorry Cynthia I'm just scrolling back through my notes, health literacy, usability, clear communications. So, Cynthia I'd like for you to say a little bit more about that but I want to ask folks overall to be thinking what's on here that doesn't resonant with you, what's missing from here, what do you have questions about? And let's start there for the next several, you know, for the next let's say 15 minutes and then we'll go through the template in a little bit more detail.

Neil S. Calman, MD, ABFP, FAAFP – President & Co-founder –The Institute for Family Health

And just to remind people that 1, 2, 3 should look familiar to you because those are the goals of our Workgroup, that's sort of our mission statement is to deal with those three issues and that's why these topic areas were divided that way.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Thanks, Neil.

Cynthia Baur, PhD – Senior Advisor, Health Literacy, Office of Communications – Centers for Disease Control & Prevention

So, thanks, Christine, so health literacy right now is strategy six under objective 3A and so this kind of loops back to the discussion we've been having about person centered care as a concept and, you know, sort of where it fits in the overall plan. So, for me person centered care in part is driven by, you know, a really meticulous attention to health literacy issues and cultural competence issues.

So, and when CDC had commented on the plan during the federal comment process, you know, I and others in the health literacy...HHS Health Literacy Workgroup had raised this issue of pulling health literacy up as sort of a more kind of connected to a more encompassing view and supporting this notion of person centered care rather than kind of putting it as a single strategy under a single objective.

So, I want to, you know, acknowledge that ONC did include health literacy but I think it needs to have...so it's kind of at the wrong level in the plan right now.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Okay.

Cynthia Baur, PhD – Senior Advisor, Health Literacy, Office of Communications – Centers for Disease Control & Prevention

It needs to affect many of the other objectives and goals because, again, if you're going to have a person centered system, if that concept is really going to be part of the framework of what's going to be addressed and accomplished then health literacy has to be linked to that.

Matthew Swain, MPH – Program Analyst, Office of Planning, Evaluation and Analysis – Office of the National Coordinator for Health Information Technology

Hi, this is Matt from ONC, so at the top of page six we did include a statement that was overarching for the entire plan that included health literacy but I think what we would like from you all is what is the federal government's role in sharing or promoting Health IT that is, you know, sensitive to different individual's health literacy needs.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Thanks, that's great.

Cynthia Baur, PhD – Senior Advisor, Health Literacy, Office of Communications – Centers for Disease Control & Prevention

Yeah, I had put, actually when I was marking up the document I just put a little comment that there is a lot that needs unpacking in that one little sentence there. So, I think that's the issue though is like if person centered care is going to be a central concept to the plan I think person centered care has to be linked to all the things that are in that sentence and it does require a bit of elaboration because you don't really see it show up in the goals, objectives and strategies even.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Okay, so I'm going to add a section in the template, so Cynthia you can I think respond to essentially what Matt is saying which is what should our comments be and what is the appropriate role for the federal government, in other words is there a strategy you would add or would you move this piece somewhere else or would it be an...you know, those kinds of things so I'll add a box in on that.

Cynthia Baur, PhD – Senior Advisor, Health Literacy, Office of Communications – Centers for Disease Control & Prevention

Great and I do hope other, you know, committee members can add to that because I do think it goes to some of the comments that have already been made so for example this notion of secure, you know, secure information is invoked in many places in the plan and I will tell you as somebody who just registered for a patient portal last night I was a little bit taken aback when I had to either to consent to the statement that said, once I agreed for my clinical information to be exported from the EHR into this patient portal it was no longer HIPAA covered and I had to be okay with that. But it didn't tell me exactly what was going to happen once I, you know, stepped out of that HIPAA coverage.

So, I think this notion of secure information, which is invoked in many places, that's the kind of thing that's both, you know, an issue for person centered care, it's an issue for health literacy, but it's also, you know, a really central policy issue for anybody just thinking about this kind of in more, you know, legalistic traditional health policy terms.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Got it.

Nicolas P. Terry, LL.M. – Co-Director, Hall Center for Law and Health – Indiana University Robert H. McKinney School of Law

So, this is Nick and I'd like to double down on that point which I think is incredibly important. I obviously accept that there is a Privacy Security Workgroup that is looking at this stuff and that privacy and security are not our sort of part of our prime objectives, but I cannot think of too many issues that are more important from the consumer perspective than privacy and security issues, particularly as they move around as the last commentator stated as they move around from different parts of the healthcare system that are regulated completely differently.

So, a second sort of point on that is surely the consumer technologies fit right within the work of this Workgroup and the privacy and security of consumer facing technologies is not protected by HIPAA in 99% of cases and I think needs a voice. So, I'm not making a pitch, Christine and Neil, that we try and take over the Privacy and Security Workgroup but I do think it is part of our agenda.

Gretchen Wyatt, MA – Policy Analyst, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

Christine and Dr. Terry, this is Gretchen, if I could just make one comment really quickly about this with the privacy and security, it is something that, you know, within our advisory council, as I said, you know, this is one of those like fundamental like ground-based issues that we deal with and if you look across the spectrum of the folks that are part of the advisory committee you'll see that this is one of the reasons why some of these folks are on the council because we do recognize that there are a lot of issues whether it's, you know, things that are outside of HIPAA, whether it's cyber security issues, what can the government do in this space to make sure that information flows appropriately and that consumers are protected.

So, you know, raise the issues, but know full well that, you know, within each federal authority that's the way we have to look at some of these things. Some of this stuff is going to be outside of our wheelhouse, you know, things that we just can't do, but we are bringing more people into this whole discussion to try to cover all of those bases.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Well, Gretchen, I think what I'm hearing is, you know, there is a difference between the policy frameworks which you guys have influence but not control over, right, because as health information moves around the system if you're over here it's covered by HIPAA and if you're over here it's not but maybe FTC comes into play with, you know, deceptive advertising, right, so what I think Cynthia and Nick part of what they're saying from the perspective of this Workgroup is, yeah, but there's a role for educating patients and families, and helping them understand what happens.

So, if you're trying to collect, share and use and you're trying to get health information moving around the system and different regulatory frameworks govern that information as it moves then consumers need to understand what happens when you move my information.

Gretchen Wyatt, MA – Policy Analyst, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

Right.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

So, that's it.

Gretchen Wyatt, MA – Policy Analyst, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

Yes and I definitely, you know, again, you know, this is one of the reasons why we have an Office of Consumer eHealth within ONC and why, you know, we work very closely with, you know, how does DoD and VA manage, you know, their patients in this space as well.

But, you know, what we have to think about is with that communications aspect so that consumers understand what's the role of the federal government, you know, I think we would be remiss if we didn't point out we can't tell folks how to, you know, establish their different guidance, we couldn't tell Mayo how you do these sort of things. So, that's the sort of stuff, you know, that flagging what we can do as the federal government and what we should do versus what the private sector might be better positioned to do would be useful for helping us scope out what we should be working on in this arena.

Cynthia Baur, PhD – Senior Advisor, Health Literacy, Office of Communications – Centers for Disease Control & Prevention

And Gretchen so this is Cynthia Baur, so Gretchen, I, you know, totally understand, you know, your position there also being with the federal agency so I want to be a little bit careful in what I say here, but I guess what I would ask the non-federal members of this group to consider is that, you know, there is at least a decade if not longer getting a set of experiences around this notion of trying to do, you know, plain language explanation of privacy and ONC has done a template and there have been other privacy, policy templates and whatnot, you know, so there has been this kind of history of different parts of the federal government, I mean, the FTC also, history of different parts of the federal government sort of trying to signal to the private sector the expectations around clear communication on privacy.

So, those would be the kinds of things that I would like the non-federal members to kind of maybe think about and reflect in their comments in terms of what federal agencies continue, to use Nick's phrase, double down on to kind of make it clear about what these expectations might be, because there are tools but those tools are not widely used and so for example, in my personal example last night it did point to some FTC policy that I was not familiar with, I, you know, it had a very long name to it and it also, you know, basically just said, you know, if you want to use this "this is the way it's going to be." So, it did not say that in plain language, but based on my experience and sort of my interpretation of it, you know, that was my big take away.

So, that's kind of to what Christine was saying is I do think we're not suggesting...we recognize that these are decisions by private companies about their business practices but at the same time there is this history of federal agencies trying to point the way towards better practices in this area.

Gretchen Wyatt, MA – Policy Analyst, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

That's totally fair Cynthia I agree with you on everything that you just mentioned.

Clarke Ross, DPA – Consortium for Citizens with Disabilities Workgroup - The National Quality Forum

Hi, this is...

Amy Berman, RN – Senior Program Officer – The John A. Hartford Foundation

This is Amy Berman and not to put too fine a point on it, but just one other comment related to this, so when we look at that second strategy require, certify Health IT products and services that have functions the facilitator user compliance with requirements to privacy and security I'm just wondering whether or not this also feeds into that certification process not just, you know, the regulation that's involved where I realize at different points different information, you know, may fall under a different body, but here we're really talking about have we looked at certification as we now are pushing for greater access and consumer portals. Do we have to relook at potentially what that certification process is to incorporate protections?

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Thanks, Amy.

Erin Mackay, MPH – Associate Director, Health Information Technology Programs – National Partnership for Women & Families

This is Erin, oh, no it wasn't Erin, so somebody else.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Okay, we'll hold off on you Erin but someone else was trying to speak right before Amy?

Clarke Ross, DPA – Consortium for Citizens with Disabilities Workgroup - The National Quality Forum

Hi, this is Clarke Ross, I just joined the call about 15 minutes ago and I apologize, just wanted to say I'm on the call and regarding the clear explanation of privacy the whole behavioral health arena requires a lot of directness and sensitivity, and I look forward in trying to share some ideas on how to navigate the behavioral health privacy issue.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Okay. So, Clarke wanted just to catch you up a little bit, there is the template that we sent out was kind of a first stab at cataloging some of the issues that had been talked about previously in the last two calls, so one of the things we are going to do is we're going to revise the template, we're going to resend it back out to the group and we're going to do that in a quick turnaround and then like I'm hoping by Monday and we're going to ask you guys to fill in some specific comments in specific areas that are either on the template or use the bottom to add onto that. So, I want to make sure you know that because you bring a lot of expertise in the disabilities community and behavioral health, and other things that I think you will add a good lens to this.

Clarke Ross, DPA – Consortium for Citizens with Disabilities Workgroup – The National Quality Forum

Thank you I look forward to doing it this weekend.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Thank you. Erin?

Erin Mackay, MPH – Associate Director, Health Information Technology Programs – National Partnership for Women & Families

Oh, thanks. So, I just wanted to highlight a couple of other things I thought were missing from the plan the first you already mentioned Christine which was language access, access to information in languages other than English and I wanted to suggest that this could possibly fit under goal two about interoperability.

ONC mentioned several times that health information is only useful if the end user can understand the information and so, you know, taking...building this example out with language access if a Spanish speaker has electronic access to their discharge instructions but those instructions are only available in English that's an interoperability issue. So, just wanted to plug that I definitely think language access should be part of this plan and suggest that it may fit under that category.

I did have a question for ONC on objective 2A where we're talking about increasing the percentage of individuals that can send, receive, find and use health information, and my question is about the basic set in the 3-year outcome and the expanded set in the 6-year outcome, are those...is that set of information something that has already been determined? Like is there a standardized basic and expanded set or is that open for input? What could be considered basic and expanded?

Gretchen Wyatt, MA – Policy Analyst, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

Erin, as far as the...I'll just get at the second part of your question rather than the first part.

Erin Mackay, MPH – Associate Director, Health Information Technology Programs – National Partnership for Women & Families

Sure.

Gretchen Wyatt, MA – Policy Analyst, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

Remember that, you know, ONC put out its 10-year vision statement or vision paper whatever it is, on interoperability this summer and...

Erin Mackay, MPH – Associate Director, Health Information Technology Programs – National Partnership for Women & Families

Yes.

Gretchen Wyatt, MA – Policy Analyst, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

And is working on a roadmap that is much more detailed than what the strategic plan has and so when we talk about it like a core set that's basically looking at what's currently within Meaningful Use at whatever stage it might be but not necessarily wed directly to that.

So, what I would say as far as that, you know, essential set of information just hold tight until the roadmap comes out and the next guidance on Meaningful Use Stage 3 because there will be more detail there rather than, you know, just thinking we should be defining it here. That's one of the problems of having this as being an umbrella document is that there are other details that we need to be following later and those will be...they're imminent they should be coming out very, very soon.

Erin Mackay, MPH – Associate Director, Health Information Technology Programs – National Partnership for Women & Families

Okay, that's helpful, thank you.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Let me just ask a quick follow-on Gretchen it's Christine, one of the things that the HITECH mandated, HITECH Act mandated, was the identification of a common dataset which was done. Are you...are we talking about really leveraging the common dataset here?

Gretchen Wyatt, MA – Policy Analyst, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

I would say "yes" interpret it that way.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Okay.

Erin Mackay, MPH – Associate Director, Health Information Technology Programs – National Partnership for Women & Families

And then the last thing I wanted to say, Christine, was about social determinants of health. The plan mentions it and I'm sorry I'm forgetting the goal, but the one that I'm talking about public health emergencies and I was really happy to see that social determinants of health were included but I just was wondering whether it was intentional that we seem to only be focusing on those determinants of health within the context of a public health emergency. Am I just sort of interpreting too narrowly what's written in the goal or was that ONC's intent?

Gretchen Wyatt, MA – Policy Analyst, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

Oh, no, by no means.

Erin Mackay, MPH – Associate Director, Health Information Technology Programs – National Partnership for Women & Families

Okay.

Gretchen Wyatt, MA – Policy Analyst, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

Social determinants within, it's just, you know, specifically within that objective and those strategies we just used that language, but no, we would, you know, again, just like the IOM report we would hope that we would be able to incorporate social determinants throughout the whole plan.

Erin Mackay, MPH – Associate Director, Health Information Technology Programs – National Partnership for Women & Families

Okay, great, thanks, Gretchen.

Dana Alexander, MA, MSN, NP, BSN – Vice President Integrated Care Delivery & Chief Nursing Officer – Caradigm

Hello, this is Dana Alexander; I'd also request consideration on like example objective 2A where it talks about enabling individual providers and public health entities to also include payers there. Payers is mentioned, you know, at least at one place in the document under objective 3C under strategy, but it seems that it would be appropriate to call out payers there in that specific objective 2A as well.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Great. Okay, any other comments on this and then we're going to take a minute and talk a little bit about how we're going to use the template? Comments or questions? Okay.

Philip Marshall, MD, MPH – Founder & Chief Product Officer – Conversa Health

Christine?

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Yes?

Philip Marshall, MD, MPH – Founder & Chief Product Officer – Conversa Health

Yeah, Christine, sorry, it's Phil, I've been pondering whether I should, you know, make the comment or not but I'm going to. So, a little bit ago, you know, we got into the privacy and security issue a little bit and you had mentioned, you know, we do have a Privacy and Security Workgroup that works alongside us and I would just reiterate that, you know, it's their charge to make sure that whatever is advocated or whatever is required adheres to good, you know, privacy principles.

I would actually encourage this Workgroup rather than find ourselves sort of going down that direction to actually try to serve on the other side of that equation and that is, what should we advocate or support through Health IT that consumers can do to manage, improve, collaborate and have better relationships with their care teams and always stay in sort of the proactive and positive, and sort of almost advocacy kind of position because there is so much positive that can come from consumers proactively engaging with their healthcare using Health IT, patient generated health data, etcetera, etcetera.

And when you ask patients what they truly value, yes they will say if you ask them do they want their data to be private and secure they will always say "yes." When you actually look at what they value they actually would put their data up on the local billboard if they thought it would allow them to get better and higher quality care.

And so I just wanted to make that comment that I really think we've got a tremendous amount of proactive good to do to show how Health IT can be positively used to really change healthcare into one that is continuous and collaborative. So, I just wanted to kind of call that out.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

But still, you know, making the case for the benefits of Health IT, yeah?

Philip Marshall, MD, MPH – Founder & Chief Product Officer – Conversa Health

Absolutely.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Yes.

Philip Marshall, MD, MPH – Founder & Chief Product Officer – Conversa Health

I mean, I think, this...that's what this Workgroup can really do is say, yes, of course private and secure, but did you know that if you ask patients between visits how they're doing that in about 30% of cases you'll actually identify unknown issues that need to be addressed in order to improve their care.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Yeah, right.

Philip Marshall, MD, MPH – Founder & Chief Product Officer – Conversa Health

It's amazing. So, anyway, sorry to go down that, but...

Christine Bechtel, MA – President – Bechtel Health Advisory Group

No, I think that's right and I don't...for those of you who haven't seen it the National Partnership for Women and Families, we have Erin Mackay on the phone, they just fielded and released a really awesome very comprehensive survey of how consumers think about Health IT, EHRs, on line access, all the convenience features, but also privacy and security also has a heavy, heavy focus on underserved populations including non-English speakers, different race and ethnicity, and also LGBT. So, it's a really awesome and very comprehensive report and Erin I'm wondering if in your comments back to the Workgroup if you wouldn't mind bringing in some of that data to help us I think that would be great because one of the things that you found I think is what Phil is raising which is the more value we show in Health IT it actually turns out the more people trust Health IT.

Erin Mackay, MPH – Associate Director, Health Information Technology Programs – National Partnership for Women & Families

Yeah, definitely.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

So, I think if you could bring some of that in that would be great.

Erin Mackay, MPH – Associate Director, Health Information Technology Programs – National Partnership for Women & Families

Happy to do that and I'll just add to that point that we also found that on line access, giving consumers on line access to their own health information also enhances the value, excuse me the trust in their providers and sort of their use of EHRs in general. So, we're definitely sort of planning on using some of those statistics in our own response to this plan and I'll be sure to include some in the table that I send back.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Great. Okay, so let's take the...we have to do a public comment period and we've got about 4 or 5 minutes left so I'm happy to take any burning comments briefly and then what I'd like to do is talk a little bit about next steps make sure you guys are okay with how we're thinking about them and then we'll open for public comment. Any burning comments at this point or questions?

Luis Belen – Chief Executive Officer – National Health IT Collaborative for the Underserved

Christine, this is Luis Belen.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Hi, Luis.

Luis Belen – Chief Executive Officer – National Health IT Collaborative for the Underserved

Hi, I was wondering if ONC or even...was there any consideration of adding a principle focus on health disparities?

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Yes that's...so I think that's a really important question and it's on my own personal list is the equity frame here. So, I'm going to add that for consideration to our template that we're using and then folks can comment on that.

Luis Belen – Chief Executive Officer – National Health IT Collaborative for the Underserved

Thank you.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Thank you. So, okay, so here's what I'm going to suggest that we do, but I'm absolutely open to edits to this. What I'd like to do is work with the ONC staff to revise the template we sent; we're going to include some general comment areas. I'm going to try to fill some of the content from today's call into those areas and then we'll leave the table kind of as is. And then I'm going to add a piece to the end that talks about editions and I'm going to...I'm cataloging some of the things that we have been talking about on the call today already.

So, what I'd like to do is get this out to you guys as soon as we can, ask you to turn it around and put in two things, so one is your own comments and questions wherever you see fit. The other thing that I would like to do is to have some indication from you about areas that you feel really strongly about or areas that, you know, you may not feel strongly about so that what we want to do is end up with a comment letter that is clear, that is actionable and that is focused so we don't want, you know, in Washington what we call a Christmas tree bill where, you know, you just kind of hanging all this stuff off of it.

We really want to focus in the areas where there is some clear consensus among the Workgroups that we feel strongly that we need to say these things. So, we'll give you some instructions but I'm proposing that we send a revised template, ask you to fill in your own thoughts, comments and questions, and then also ask you to indicate the areas that you really feel that we really do need to comment on. So, does that sound good to folks or any amendments to that process?

W

Very good.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Okay, others? Okay, that's what we'll do and let's go ahead and I'll give it back to I guess Michelle to facilitate public comment?

Public Comment

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Thanks, Christine. Operator can you please open the lines?

Lonnie Moore – Meetings Coordinator – Altarum Institute

If you are listening via your computer speakers you may dial 1-877-705-2976 and press *1 to be placed in the comment queue. If you are on the phone and would like to make a public comment, please press *1 at this time.

Michelle Consolazio, MPA – Federal Advisory Committee Program Lead – Office of the National Coordinator for Health Information Technology

Just so everyone's aware we're trying to wait a little bit longer for public comment so just bear with us. And we have no public comment at this time.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Great, okay, thanks Michelle. Neil anything that you want to add before we wrap?

Neil S. Calman, MD, ABFP, FAAFP – President & Cofounder –The Institute for Family Health

No, I think I'm good.

Christine Bechtel, MA – President – Bechtel Health Advisory Group

Okay, terrific, well thanks everybody. You will hear from us with a new template shortly and what we're going to do is ask you to turn it around by next Friday so that we can have the weekend and one day before our January 20th meeting to compile comments and start to craft a comment letter. So, I thank you guys very much for your time and please hold some time on your calendars to do this work next week and we will be back in touch on the 20th. Thanks, again.

Gretchen Wyatt, MA – Policy Analyst, Office of Policy & Planning – Office of the National Coordinator for Health Information Technology

Thank you.

Nicolas P. Terry, LL.M. – Co-Director, Hall Center for Law and Health – Indiana University Robert H. McKinney School of Law

Thank you.

W

Bye.